

## INSTRUCTIONS FOR COMPLETING THE NOTARY PUBLIC APPLICATION

### To Qualify for Appointment as a Notary Public You Must:

- Be at least 18 years of age and
- Be able to read and write English and
- Reside in Washington state or
- Reside in an adjoining state and be regularly employed in Washington state or carry on business in Washington state.

### Complete the Application

- Follow the instructions on the Application for Appointment or Reappointment as a Notary Public. Complete the form in full if you are a first-time applicant, or if you are renewing your appointment after your expiration date.
- If you are renewing prior to expiration, you need to complete *only* the "Applicant Information" portion of the application.
- RCW 42.44.050 requires the applicant's first name or initial, middle name or initial, and last name.
- RCW 26.23.150 requires your Social Security Number to be on the record.

### Obtain a Notary Bond

- Whether you are a first-time applicant, or you are renewing prior to *or* after your expiration date, you must obtain \$10,000 surety bond from your insurance/bonding company.
- The bond must cover the four-year period of the Notary Public term.
- Your name on the surety bond **must** be identical to your name and signature on the application form.

### Submit the Application

- Send the completed application, bond, and application/renewal fee of \$20 (payable to the Washington State Treasurer) to:  
Department of Licensing  
Business and Professions Division  
Notary Public Section  
P. O. Box 9027  
Olympia, WA 98507-9027
- If you did not receive a booklet of the laws relating to Notaries Public (RCW 42.44 and WAC 308-30) with this application, you may obtain one at no charge by writing to the address above, or telephone (360)664-1550. The RCWs and WACs are also on our web site.

### Obtain Your Notary Seal or Stamp

- When you receive your Certificate, send a copy to your insurance/bonding company or an office supply company to obtain your notary seal or stamp.
- Upon completion of any notarial act, the notary must sign the notary certification using his/her name **exactly as it appears** on the Notary Certificate and on the seal or stamp.

### Check Out Our Website

- Visit the Notary Public web site at:  
[www.wa.gov/dol/bpd/notfront.htm](http://www.wa.gov/dol/bpd/notfront.htm)



BUSINESS AND PROFESSIONS DIVISION  
NOTARY PUBLIC SECTION  
P.O. BOX 9027  
OLYMPIA, WA 98507-9027  
(360) 664-1550  
[www.wa.gov/dol/bpd/notfront.htm](http://www.wa.gov/dol/bpd/notfront.htm)

## APPLICATION FOR APPOINTMENT OR REAPPOINTMENT AS A NOTARY PUBLIC

**FEE: \$20.00** Make remittance payable to: WASHINGTON STATE TREASURER  
**Proof of \$10,000 surety bond must be provided.**

PLEASE TYPE OR PRINT CLEARLY

FOR VALIDATION ONLY

001-000-256-0001

### APPLICANT INFORMATION

☐ Original Appointment

☐ Reappointment

Applicant Name _____		
<small>FIRST NAME OR INITIAL</small>	<small>MIDDLE NAME OR INITIAL</small>	<small>LAST NAME</small>
Address _____		
<small>PO BOX/STREET</small>		
City _____	State _____	Zip Code _____ County _____
Telephone No. (____) _____	<input type="checkbox"/> WA Resident <input type="checkbox"/> Non-resident, State _____	
<small>DURING NORMAL BUSINESS HOURS</small>		
Date of Birth ____/____/____	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Social Security Number _____
<small>MO. DAY YR PER RCW 26.23.150, THE SOCIAL SECURITY NUMBER IS REQUIRED.</small>		
Name on any previous Washington Notary appointment, if different from above: _____		

### ENDORSER SIGNATURES

I, the undersigned endorser, being a person eligible to vote in the state of Washington, and of the age of 18 or more, believe the applicant for a notary public appointment, who is not related to me, to be a person of integrity and good moral character and capable of performing notarial acts.

1. _____	_____	_____
<small>ENDORSER'S SIGNATURE</small>	<small>ADDRESS, CITY, STATE, ZIP</small>	<small>DATE OF SIGNING</small>
2. _____	_____	_____
<small>ENDORSER'S SIGNATURE</small>	<small>ADDRESS, CITY, STATE, ZIP</small>	<small>DATE OF SIGNING</small>
3. _____	_____	_____
<small>ENDORSER'S SIGNATURE</small>	<small>ADDRESS, CITY, STATE, ZIP</small>	<small>DATE OF SIGNING</small>

### APPLICANT PERSONAL DATA

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No

**Please explain on the next page or attach a letter of explanation for any affirmative answers to the above questions, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charge(s).**

## EXPLANATION FOR ANY PERSONAL DATA AFFIRMATIVE ANSWER(S)



Attach a separate sheet if more space is needed.

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## DECLARATION OF APPLICANT

I, \_\_\_\_\_, solemnly swear or affirm under penalty of  
PRINT NAME EXACTLY AS IN APPLICANT INFORMATION BLOCK

perjury that the personal information I have provided in this application is true, complete, and correct; that I have carefully read the materials provided describing the duties of a notary public in and for the state of Washington; and, that I will perform to the best of my ability, all notarial acts in accordance with the law. I have carefully read the questions in the foregoing application and have answered them completely, and pursuant to RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my appointment as a notary public in the state of Washington.

\_\_\_\_\_  
SIGN EXACTLY AS IN "APPLICANT INFORMATION" BLOCK

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

Signed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
COUNTY AND STATE

SEAL

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINTED NAME OF NOTARY PUBLIC

\_\_\_\_\_  
RESIDING AT

\_\_\_\_\_  
EXPIRATION DATE OF NOTARY PUBLIC APPOINTMENT

***Upon filing, this document becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17***